State of Wisconsin Department of Natural Resources

ACKNOWLEDGEMENT OF RECEIPT BY DNR

Form 3400-105 Rev. 9-99

Name and Address of Owner (Clerk of Municipality, Sanitary District) Description of Project (extension, lift station, well, stp, etc.; street or subdivision)	LEAVE BLANK - FOR DNR USE ONLY Date of Receipt Type of Project DNR Region Project Number
If you have any questions regarding the status of the project submitted, please contact one of the following DNR Program Bureaus: Watershed Management - (608) 266-3221 Drinking Water/Groundwater - (608) 266-0857	
State of Wisconsin Department of Natural Resources Name, Name of Firm, and Address of Consulting Engineer Description of Project (extension, lift station, well, stp, etc.; street or subdivision)	ACKNOWLEDGEMENT OF RECEIPT BY DNR Form 3400-105 Rev. 9-99 LEAVE BLANK - FOR DNR USE ONLY Date of Receipt Type of Project DNR Region Project Number

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